

### Attachment 3: PZP Application Report

HMA Name /#		Subpopulation Name	
State		Field Office	
Certified Applicator	Name: Phone: Email:		
Application Date(s)			
<u>Primer/Booster</u> PZP Dose: Adjuvant Type: Adjuvant Dose:	<u>Time release pellets</u> Process: Hot / Cold /Pressure-molded (circle)  Batch #:		
Delivery method:	Hand injection or Dart (circle type)	Injection Site	
Dart delivery device used	Dan Inject or Pneu-dart (circle type)	Number of darts recovered (if applicable)	
Freeze-mark Used		Freeze-mark Location	
Number of Treated Mares Returned to the Range		Number of Non-Treated Mares Returned to the Range	

Please provide a narrative description of the PZP treatment and procedures, implementation costs, and any loss of vaccine, if applicable. This narrative should include all pertinent sections of the old PZP Applicator's Report.